

Signature of Candidate (if applic

WARNING: Any information contained files a fraudulent report commits a Cla Campaign Finance Law commits a Clas

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4)
Summary Sheet

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INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4. Mailing Address (address where all campaign finance correspondence is received)	IS THIS AN AMENDME	NT? Yes V No							
Robert L. Horkay Committee 2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (317) 844.5271 4. Mailing Address (actress where all campaign finance correspondence is received) 128 Senator Way 5. City, State, ZiP Code Carmel, IN 46032 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) Robert L. (Bob) Horkay 9. Office Sought (include distinct number, if any. Not required for exploratory committee.) 10. County of Residence Republican 10. County of Residence Republican 11. Check one: Pre-Primary Pre-Eecton Annual Nomination Other Pre-Convention Final/bibands Cornribled (ine 18.19, and 20 must be 17) Ottgoing Treasurer (within 10 days amond Statement of Organization) 12. Reporting Period: From: 1/1/10		COMMITTEE INFOR	RMATION						
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CERTIFICATION STRAIG LUSES NOT THE		CERTIFICATION				FOR OFFICE USE ONLY			
	I CERTIFY THAT I HAVE EXAMINED T		BELIEF IT IS TR	UE, CORRE	CT AND COMPLETE.				
Signature of Treasurer Date 19.8 434 61 HVC	Signature of Treasurer			Da	ite	TO WELL BY THE STATE OF			



(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER						
Page	2	of	2			

			1		
CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Robert L. Horkay 128 Senator Way Carmel, IN 46032		\$500.00	4.22.06	\$0.00	\$500.00
LENDER'S OCCUPATION:		Loan			
LENDER'S OCCUPATION:		,			
LENDER'S OCCUPATION:					
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TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$ 500.00